

**Student Record
Release and/or Exchange of Information**

As the parent/guardian of:

Student's

Name: _____ Birth date: _____ Grade: _____

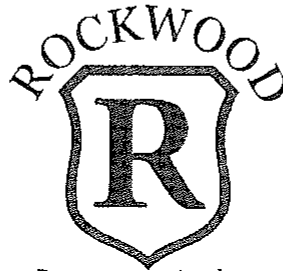
Address: _____

City/State/Zip: _____ Phone: _____

I authorize the release and/or exchange of:

- Student Records Inactive Student in Synergy

between



Preparatory Academy

Operated by: KNOVA
Learning

740 SE 182nd Ave.

Portland, OR 97233

p 503.907.1023 f 503.907.1024

and

School/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

Fax: _____

I hereby authorize the request that all records, (including psychological test, special education records, personality evaluations, records of conversations and any written transcript of incidents relating specifically to student behavior as well as transcripts of grades and courses taken, records of attendance, tests relating specifically to achievement or measurements of ability and records of health) pertaining to the above named student be transmitted to KNOVA LEARNING. It is understood that this information will be used to develop the most suitable educational program for my student. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and Federal Family Education Rights and Privacy Act of 1974. I understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate or misleading, or that violates the students' rights to privacy.

Signature _____

Date _____